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ABSTRACT

This report presents descriptive and evaluative information on the Alcohol and Other Drug Program (A & D Program) developed at Pennsylvania's La Salle University and supported by the Fund for the Improvement of Postsecondary Education. The program includes an alcohol awareness project, a peer education program, a resident educator with A & D expertise, and A & D content in the freshman year experience program and the academic discovery program for culturally different students. Evaluation of program achievements as well as changes during the second year finds most objectives were accomplished. Among findings of surveys of faculty/staff (N=20 respondents) and students (N=459 respondents) were the following: most faculty/staff rated the program very positively for visibility, sensitivity to important campus issues, availability, delivery, ability to stimulate thought and awareness, and impact on the La Salle community. The student surveys found: (1) an indication of a reduced number of alcohol related problems; (2) alcohol as the drug of choice; (3) frequent recognition by respondents of alcohol abuse in the family; and (4) a lack of interest in drugs other than alcohol and nicotine. Recommendations include establishment of an Alcohol and Other Drug Advisory Board and development of academic courses which address this area. Appended is a sample of the survey forms used for both faculty/staff and students. (GLR)

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THE LA SALLE UNIVERSITY FIPSE GRANT:

A REVIEW AND EVALUATION OF THE ALCOHOL AND OTHER DRUG PROGRAM

1 SEPTEMBER 88 THROUGH 30 SEPTEMBER 90

Robert J. Chapman
Alcohol and Drug Program Coordinator

La Salle University
Counseling Center

HE 024 359

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EXECUTIVE SUMMARY

Collegiate life, both the experience anticipated by the entering freshman and the recollections of the graduate, will undoubtedly involve some consideration of alcohol and other drugs. This has become such a reality in our culture as to be viewed by many as a 'rite of passage' from adolescence to early adulthood for those who enter college.

To this end, Student Life and Student Affairs professionals have had to address the issues of alcohol and other drug abuse and dependence as factors of 'every day life' on our college and university campuses.

Most frequently, the abuse of alcohol or other drugs involves the consumption of one or more substances to a point of intoxication with a resulting impairment of judgment and physical ability. Fortunately this results in little more than becoming ill and experiencing the after-effects of such consumption we all refer to as the 'hang-over'. Yet even single incident abuse can result in devastating experiences for the consumer. Consider accidents resulting from poor judgment or physical coordination, sexually transmitted diseases contracted because of unprotected sex when intoxicated, date rape and other forms of sexual violence resulting from intoxicated assailants or an intoxicated victim's poor judgment as only a sampling of problems which can be realized by the impaired college student. Suffice it to say that 'getting drunk is never safe' regardless of the intoxicating substance.

La Salle University has recognized these facts and made the decision to address them head-on. The development of an alcohol and other drug program to serve the entire campus community, the placement of an experienced chemical dependency clinician in the position of coordinator of that program, the establishment of a resident educator who resides in the resident complex, the establishment of a viable program of peer education, and the exhaustive re-evaluation and updating of university policy and procedures with regards to alcohol and other drugs are but a few examples of the assertive steps taken by La Salle in order to address the issue of collegiate alcohol and other drug abuse. In short, the issue of alcohol and other drug abuse is recognized by La Salle as one of the more significant threats to a student's quality of life while enrolled in the college experience.

THE PROBLEM

La Salle is presently involved in a major transition from its historic position as a commuter college in the Philadelphia community to one of being a residential university which serves the Middle Atlantic region of the U.S. This has resulted in a greater quantity of a student's time at La Salle being spent on the campus as well as the need for the University to serve the student in more than just the traditional academic areas of his or her life.

The residential aspects of college life involve the social, interpersonal, and domestic needs of the student who elects to reside on campus while pursuing his/her academic degree. The combination of an ever increasing number of students who choose this option for living, the increased independence which results from residing outside the traditional family, and the perceived role that alcohol and other drugs play in the collegiate rite of passage, result in a phenomena many see as ripe for alcohol and other drug abuse.

In light of this, the university has developed a network of educational and intervention services designed to assist the student in negotiating the above mentioned issues.

PROGRAMS

THE ALCOHOL AWARENESS PROJECT:

Students found to be in violation of the University's alcohol policy can expect to be held responsible for the consequences of their decisions. To this end, conduct warnings and monetary fines are the standard response for a first time alcohol violation. In such cases, the student is offered the opportunity to have the fine waived if s/he agrees to complete a four (4) session alcohol education program.

In this series of four 75 minute seminars, the student is exposed to specific information about alcohol as a drug, risks associated with getting drunk, the Adult Children of Alcoholism Syndrome and other important issues associated with alcohol and its use/abuse.

Should there be a second alcohol-related offense, a period of probation is imposed on the student along with a minimum $50 fine. The fine can be waived if the student agrees to complete an alcohol assessment. During this assessment, a clinical determination is rendered regarding the existence of alcohol abuse or dependence or the risk of such developing. In addition, a detailed list of recommendations is provided to the student regarding remedial

steps which can be taken given the clinical impressions of the counselor conducting the assessment. With a written consent,this list of recommendations is also provided to the referral source.

Third and subsequent offenses will be addressed in a purely disciplinary fashion including the likely loss of campus housing for residential students and/or suspension from the university considering the nature of the offense.

PEER EDUCATION PROGRAM:

As education has been a cornerstone of the Alcohol and Drug Program from its inception, a two pronged approach to accomplishing this objective has been imbedded in its design. Along with the educative efforts of the program's coordinator, a cadre of undergraduate students under the direction of a Senior Peer Educator (graduate assistant) have been trained for the expressed purpose of going into the campus community to present alcohol and other drug programming. Such an approach has enabled the distribution of information for students to be accomplished by students, thereby increasing the likelihood of acceptance by program participants. This 'student-sharing-with-student' approach to campus education is seen as effective in building an atmosphere of trust and respect within the campus community. To this end, the University Peers (UP) are a dynamic group of students who develop, present and critique programs of education intended for specific audiences located on campus.

RESIDENT EDUCATOR:

As a majority of university disciplinary cases are either directly or indirectly alcohol and other drug related, a program of residential education has been developed. This finds a traditional Resident Director position at the university converted to a position intended to put technical consultation re the development of A & D programming in the resident halls and therefore more accessible to the resident assistants and students.

This position has been designed so as to have the Senior Peer Educator, the A & D Program Coordinator, and the Resident Educator working closely in order to further the network of alcohol and other drug services on La Salle's campus.

FRESHMAN YEAR EXPERIENCE (FYE) PROGRAM:

The university operates the FYE program to increase freshman retention by providing academic and social survival skills training. An important part of the A & D Program has been to train FYE professors to incorporate A & D information into their curricula through specific A & D programs for

presentation to individual sections of FYE classes.

At the A & D Program's inception, two presentations were made to FYE sections. As of the Spring 90 semester, eight 6 (8) sections of FYE had A & D presentations with the expectation that all sections will have A & D components by the academic year 91-92..

ACADEMIC DISCOVERY PROGRAM:

La Salle has maintained a specific program to attract and assist culturally different students. The A & D Program has worked in concert with the ADP to train both its staff and students with regards to A & D issues.

OTHER:

Numerous other programs and projects which may be 'one time' offerings or focused on a smaller or specialty program of the university have become a regular part of the ongoing operation of the A & D Program. An example of such is the A & D Program's collaboration with the La Salle In Europe Program on its handbook and the inclusion of alcohol specific information for students preparing to study abroad.

Currently in development are projects designed to assist athletic coaches in the recognition of student athletes who may be experiencing A & D problems, academic courses for the preparation of chemical dependency counselors, and a university based Employee Assistance Program.

La Salle University has been fortunate to have had the opportunity to establish a viable program of alcohol and other drug education and intervention. This has resulted in no small way from the collaborative efforts of university faculty and staff with the U.S. Dept. of Education and its award of a F.I.P.S.E. grant to the university for the establishment of such a program. The net result has been the establishment of the Alcohol and Other Drug Program.

PROLOGUE

In the fall of 1988, La Salle University received a two year grant from the Fund for the Improvement of Post Secondary Education (FIPSE) of the U.S. Department of Education. This grant enabled the university to hire an alcohol and other drug specialist, Robert J. Chapman. Chapman coordinated the development and implementation of a campus based program designed to distribute accurate information concerning psychoactive substances, educate the La Salle community about the realities of alcohol and other drug use, and provide referral and/or treatment for those experiencing problems associated with abuse.

Numerous campus contacts designed to solicit ideas and information from faculty, staff, and students resulted in specific informational and/or training programs being developed. These programs were enhanced by brochures and 'handouts' developed and published to compliment the campus based programming.

Issues as varied as the impact of alcoholism in the family upon academic performance, the behavioral indicators of chemical dependence, and the involvement of the Greek system in programming for alcohol and other drug education have been presented. As the result of these presentations, approximately 1800 individuals participated in such programming during the academic year 1989-90. This was well above those of the previous year.

Since the program's establishment, approximately 140 individuals were referred for clinical assessments of their substance use habits. It should be noted that alcohol was the drug in question for the vast majority of these referrals. It is expected that this service of the program will become one of the more frequently requested as awareness of its existence and as well as the presence of a live-in Resident Educator increases.

Contacts with Student Life, Campus Ministry, and Student Affairs have already resulted in an outline of specific approaches to be taken with those who violate the university policy regarding alcohol or other drugs. Such interventions are being designed to address campus concerns regarding individual treatment needs, the updating of existing university policy and procedures regarding alcohol and other drugs, and the involvement of various campus based public service groups (i.e. University Peers, Resident Educator, Freshman Year Experience Program, etc.) in alcohol and other drug awareness activities.

PHILOSOPHY

There are few problems which arise on a college or university campus which are not exacerbated (if not caused) by the abuse of alcohol or other drugs. As the consumption of alcohol and other drugs, especially alcohol, has come to be seen as a 'rite of passage' from late adolescence to young adult life, the establishment of campus based programs to address substance use and abuse has become a necessity. In light of this, La Salle University has designed and implemented a program to address the two most pressing issues associated with the use and abuse of alcohol and other drugs on campus: community education, and the clinical assessment of and intervention with problems associated with alcohol and other substance abuse.

Both areas of program activity have been approached with particular attention focused on the disease process of chemical dependency and the apparent genetic predisposition which certain individuals have to the abuse of alcohol or other drugs. While the primary focus of the program has addressed pertinent facts associated with alcohol and other drugs as they affect those who consumes them, particular attention has been directed to the issues of individual abuse and dependence as well as to the impact of having been raised in a chemically dependent family system (i.e. adult children of alcoholism syndrome).

The purpose of the La Salle Alcohol and Drug Program (A

& D Program) is twofold: 1) to educate about alcohol and other drugs, and 2) to assist those individuals requesting help (predominantly students, although staff and faculty have not been refused service) who are experiencing problems associated with chemicals.

It should be noted that the A & D Program is neither 'wet nor dry' with regards to advocating a position on the use of alcohol. However, it is recognized that certain individuals may be at significant risk of becoming chemically dependent because of their genetic background and/or the prevalence of chemical abuse in their biological family. Additionally, this program's coordinator has assumed a posture in all programming that there is **no such thing as a 'recreational use' of illicit drugs.** To this end, abstinence is the only recognized option for consumption with regards to illegal drugs.

PROGRAM OVERVIEW

La Salle University is a small liberal arts university located in the Logan section of North Philadelphia. The university has an enrollment of 3,500 undergraduate day and 3,000 evening and graduate students and is sponsored by the Christian Brothers, a Catholic teaching order of religious.

The A & D Program is located in the University Counseling Center and staffed by one (1) full-time chemical dependency counselor, one (1) half-time graduate assistant, and one (1) half-time clerk/typist. In addition, the support services of the counseling center's clerical staff, work study students, and a small cadre of volunteer 'peer educators' compose the service delivery staff of the project.

As noted above, the primary foci of the program are community education, clinical assessment, and intervention. These areas of professional performance were selected due to the perceived needs of the institution in the eyes of a student, staff,and faculty task-force assigned to assess the University's needs in the area of alcohol and other drug programming.

GOALS AND OBJECTIVES

The following goals and objectives were the driving force during the initial years of the A & D program. While progress has been made on each, they remain important aspects in maintaining a vital and vibrant program.

1. GOAL: An increased awareness on the part of students, staff, and faculty regarding the existence of the University alcohol and other drug program.

OBJECTIVES: To develop a brochure which addresses the services of the A & D Program with particular attention given to resources available **(accomplished).**

To inform department chairs of the resources of the peer education program for use in conjunction with individual course syllabi **(accomplished and ongoing).**

To consult with faculty involved in the Freshman Year Experience (FYE) Program in order to incorporate alcohol and other drug specific materials into the existing course curricula **(accomplished and ongoing).**

To consult with staff of the Academic Discovery Program (ADP) in order to disseminate pertinent information about alcohol and other drugs as well as related services to students involved in that program **(accomplished and ongoing).**

To provide training to ADP and FYE staff and faculty regarding the signs of alcohol or other drug abuse as well as techniques of intervention in order to facilitate referrals for assessment **(accomplished and ongoing).**

To arrange for the timely and consistent use of campus based advertising mediums for the distribution of information about the program and its objectives. This shall include but not be limited to the campus newspaper (The Collegian), bulletin boards, hand-bills, and resident life mailings **(accomplished and ongoing).**

2. GOAL: Consistent interaction with other college and university based A & D programs.

OBJECTIVES: To coordinate a Philadelphia area network of college and university based A & D program coordinators **(informal arrangements made** with plans to develop a consortium in 1990-91).

To use this network for the expressed purposes of sharing professional ideas, coordinating the sharing of program resources, and establishing a local 'speakers bureau' to facilitate presentations on each other's campuses (accomplished).

3. GOAL: Pursue the acquisition of grants and endowments for the expressed purpose of continuing and expanding the A & D Program.

OBJECTIVES: To identify existing funding sources for alcohol and other drug programming (accomplished and communicated to the University Director of Government Affairs).

To work with the Director of Government Affairs to develop appropriate inquiries and/or applications for outside funding (accomplished and ongoing).

To work with the director of the University News Bureau to develop an article for the La Salle Alumni magazine regarding the A & D Program (remains to be accomplished).

To include a request for gifts and endowments to the university which recognize the A & D Program as the project to which those gifts (or portion of them) are attached **(remains to be accomplished).**

4. GOAL: Increase public awareness of the issues related to the delivery of A & D services to a post-secondary education population.

OBJECTIVES: To access the Philadelphia area mass media for the expressed purpose of discussing issues endemic to college and university based programs **(while accomplished,** more will be attempted through the consortium mentioned above).

To host/chair academic colloquia designed to proliferate information regarding alcohol and other drug use by students, staff, and faculty of colleges and universities **(accomplished and ongoing).**

5. GOAL: Advocate a public policy agenda which addresses the needs of colleges and universities regarding alcohol and other drug issues.

OBJECTIVES: To explore nomination to the Philadelphia

Mayor's Commission on Drugs **(accomplished** but with no appointment).

To advise politically active University staff and faculty of alcohol and other drug issues **(accomplished).**

REVIEW OF ACCOMPLISHMENTS:
THE LA SALLE UNIVERSITY FIPSE GRANT

A series of events and programs were developed during the 1988-90 academic years which included Alcohol Awareness Week campaigns, Adult Children of Alcoholism education and support group, faculty/staff consultations, and approximately 72 educational programs which served 1800 individuals in 1989-90 alone. A peer education program was implemented as of September, 1989. This addition expanded the potential of the program to deliver increased service as well as to access specific high risk populations (i.e. Greek system, specific resident halls, particular academic classes, etc.).

This chapter will provide an overview of the changes implemented during the second year (1989-90) of the La Salle University Alcohol and Other Drug Program.

CHANGES IMPLEMENTED IN SECOND YEAR PROGRAMMING

While the second year's goals and objectives were not significantly different from those listed previously, the philosophical representation of the program was modified from the original grant proposal in order to reflect a Public Health Model approach (i.e. a consideration of the 'host, agent, and environmental' aspects of prevention in its design and implementation). To this end, specific aspects of La Salle's program were designed and implemented in order to address: 1) the needs of individual members of the La Salle community (host), 2) alcohol and other drugs on the La Salle campus (agent), and 3) the University community as a whole (environment). The following is a simple outline which identifies specific activities and intentions, and their state of completion:

STEP ONE: HOST

1. Primary Prevention (promote health & delay onset of morbidity):
   - A. developed and implemented an alternative sanctions program (educational program in lieu of disciplinary action for first time A/D offender)
     - i. September 1989, Alcohol Awareness Project implemented
   - B. developed a viable peer education program
     - i. October 1989, training of educators completed
   - C. targeted and developed educational programs for

high risk populations (ACOA, specific residence halls with preponderance of alcohol/other drug incidents)

2. Secondary Prevention (early detection/intervention):
   A. Alternate sanction program (assessment and evaluation for a second violation of university A/D policy)
      i. implemented September 1989, approximately 70 students assessed during 1989-90
   B. expanded use of computer assisted assessment software (Alcohol and Chemical Health Inventory)
      i. implemented September 1989, 21 such assessments conducted
   C. introduced suggestion that a university based Employee Assistance Program be developed
      i. to the director of personnel (May 1990)
      ii. in order to better comply with the Alcohol and Drug Free Communities Act of 1989
3. Tertiary Prevention (intervention/treatment):
   A. individual counseling
      i. ongoing
   B. referral to off-campus treatment (i.e. detox., intensive outpatient, inpatient, etc.)
      i. ongoing

STEP TWO: AGENT

1. Primary Prevention
   A. non-alcohol programming (dry night club and

restaurant on campus- active/creative entertainment)

i. ongoing

B. established a campus based alcohol and other drug resource center

i. October 1989

ii. consultation on papers, thesis, and campus based programs

C. revision of policy statements in the University Student Handbook

i. re advertising (1989 edition)

ii. re health care nature of alcoholism and substance abuse (1989 edition)

iii. drugs other than alcohol policy (1990 edition)

2. Secondary Prevention

A. expanded training for resident directors and assistants re alcohol and other drugs

i. August 1989 through the present

3. Tertiary Prevention

A. assertively adhered to University policy and procedures re alcohol and other drugs

i. ongoing

STEP THREE: ENVIRONMENT

1. Primary Prevention:

A. reviewed and updated University policy re alcohol and other drug use

B. developed and distributed public service

announcements to campus media

i. "Partnership For a Drug Free America" print and audio P.S.A.s to campus radio and newspaper

C. petitioned Student Affairs Committee for the establishment of an alcohol and other drug program advisory board

i. permission granted May, 1990

ii. establishment of said board to be formalized, Fall 1990

D. evaluated the data from the 'pre' and 'post' test survey of student attitudes re alcohol and other drugs

i. see chapter later in this report for results

E. coordinated Alcohol and Drug Awareness Week campaign on campus

i. October 1988 & 1989

ii. Alcohol Awareness Month (April) scheduled 1991

F. actively participated in Freshman Year Experience (FYE) and Academic Discovery Program (ADP)

i. numerous times throughout 1989-90 academic yr

2. Secondary Prevention

A. implemented peer education program

i. August 1989

B. expanded scope and availability of training to staff and faculty

i. throughout 1989-90 academic year

3. Tertiary Prevention

A. advocated for the establishment of a Student Assistance Program

i. ongoing

B. advocated for development of an Employee Assistance Program

i. ongoing (petition to the university Director of Personnel, May 1990)

C. use of Pennsylvania Liquor Control Board enforcement program re 21 year old minimum purchase age

i. ongoing (numerous drinking establishments and distributors which routinely served students under 21 reported during academic year 1989-90)

REVIEW OF PROGRAMS

	NUMBER ATTENDING	TYPE/TOPIC	# PRESENTED
STUDENT LIFE	187	planning, campus life, ACOA, general	12
RESIDENT LIFE	254	RA train., ACOA, general, planning	11
GREEK LIFE	467	alc. & sex, planning, A&D general info	8
ADMINISTRATION	40	general prog. information	1
STUDENT AFFAIRS	204	ACOA, culture A&D info, planning	13
ATHLETICS	82	general drug information, prog. plan	4
JUDICIAL	213	ACOA, A&D risks & info, alc aware pro	23
CLASSROOM	305	A&D risks & dangers	17
MINISTRY	9	planning	1
OFF CAMPUS	170	general info	7
PEER ED	198	training, program devel	19
MISC.	442	general A&D, smoking	6
TOTALS	2571		122

EVALUATION

As part of the evaluation process for the FIPSE grant, a survey of staff and faculty of La Salle who had interacted in some fashion (i.e. planning, hosting, presenting) with the Alcohol and Other Drug Program was conducted. This survey was conducted in July of 1990, the fourth quarter of the grant's second year.

The survey (see appendix A, Evaluation Tools) was administered to 50 staff and faculty who had a minimum of one direct contact with the Alcohol and Other Drug Program. Subjects were asked to comment on both the perceptions they had of the program and its acceptance by the University at large as well as their direct interaction.

A Likard scale was attached to each of the six questions asked in order to quantify the results of the responses. Additionally, space was provided for the subjective comments of the respondent.

Of the 50 surveys distributed, 20 were returned completed for a 40% response rate. Of these, 7 were faculty and 13 professional staff. A possible explanation for this split is the greater contact with Resident Life and Student Affairs professional staff as opposed to individual faculty members.

RESULTS

Respondents indicated a mean of 3.77 (of a 1-5 range with 1 indicating little effectiveness and 5 indicating greatest effectiveness) for question #1 regarding the program's ability to create a "visible presence on campus".

For question #2, "program's sensitivity to issues of campus importance", a mean score of 4.94 was realized.

For question #3, "availability of program individuals and/or materials", a mean score of 4.66 was realized.

For question #4, "program's delivery of accurate, useful and/or timely information", a mean score of 4.56 was realized.

For question #5, "program's ability to stimulate thought and awareness", a mean score of 4.01 was realized.

For question #6, "program's impact on the La Salle community", a mean score of 4.1 was realized.

DISCUSSION

While the sample chosen to receive this survey was not random and did consist of individuals who had direct contact with the program, and while those who responded to the survey tended to be those who had the greatest contact with the program, the results suggest an above average level of satisfaction with the program, its staff, and the results of programming.

This contention is further substantiated by the editorial comments of respondents:

> "(The) program shows great caring for the problems specific to La Salle and to the area surrounding La Salle."
>
> Chief of Crime/Fire Prevention

> "In a collegiate community of this size, I am very impressed with the all inclusive impact that this program has achieved almost from its inception".
>
> Associate Professor of Accounting

> "(The program) has decreased the number of alcohol related incidents dramatically".
>
> Director of Security

> "La Salle has changed from a campus where alcohol use was encouraged to one where it is not: From a commuter campus to a resident campus. The changes have been facilitated by the program."
>
> Assistant Professor- Military Science

> "The use of student peer counselors has made this (ability to stimulate thought and awareness) a success. The less authoritative approach opens student's for discussion."
>
> Asst. to the V.P. for Student Affairs

> "The staff's availability is taken for granted by most people and that indicates that virtually no one has been dealt with inappropriately."
>
> anonymous

ALCOHOL AND OTHER DRUG SURVEY OF LA SALLE STUDENTS

As directed by the U.S. Department of Education in its award of a F.I.P.S.E. grant, two separate surveys of the student population were conducted. These surveys collected data from the entire (day and evening division) student body and were administered at approximately the 7th and 19th months of the 24 month period covered by the agent.

The first was administered in April of 1989 following 7 months of the project. The delay was due to time spent identifying a coordinator for the program, awaiting his arrival and subsequent orientation to the university community and its expectations of the grant. April of 1990, the 19th month of the grant, was selected for the second survey as it allowed subjects to be contacted before the graduation of 1990 seniors and the exodus of remaining students for the summer break.

As La Salle's population is approximately 6,000 students, each sample represented 10% of that population. The samples for each survey were different as the same subjects were not followed between surveys. Therefore findings of the survey cannot be directly attributed to the Alcohol and Other Drug Program. Each sample was identified by a random selection of students by the Registrar's Office (i.e. every 10th student of the university's master list of students was selected). Such yielded a random and representative sample of the university student population, (i.e. gender, age, class rank, commuter/resident status, etc.).

The initial survey of 600 subjects resulted in a 192 subject

response rate (32% response rate). As the result of conducting a second mailing for the second survey, 267 subjects responded (44.5% response rate). Hindsight serves to suggest that a second mailing for the initial survey would have increased the responses with an undetermined influence on an correlations between pre/post responses.

A survey of chemical health developed by the University of Oklahoma (for use in their pre/post survey per a FISPE grant) was used by La Salle. Permission to do so was obtained in advance. The survey form was personalized to the La Salle community (i.e. La Salle letterhead and references to La Salle specifically within the body of the form) but no changes were made in the questions or format of Oklahoma's form.

RESULTS

Embedded in the questionnaire utilized were several items which address characteristics of alcohol abuse (i.e. personal injury due to the drinking, concern voiced by another about one's drinking, inability to stop drinking once started, blackouts, guilt about drinking). Responses concerning personal injury due to alcohol in the past year varied from a high of 10.4% in sample 1 to 5.3% for sample 2. Likewise, 7.9% of sample 1 indicated concern voiced by another re their drinking, 6% of sample 2, 9% of sample 1 respondents indicated at least a monthly inability to stop drinking once started, 5.6% of sample 2, 15.1% of sample 1 indicated driving after 3 drinks at least monthly while 10.5% of

sample 2 indicated the same.

The declines in responses symptomatic of a drinking problem can be explained in a number of ways, however, it appears safe to assume that an increased awareness of alcohol and a possible pro-active process of deciding about its use did occur. This will be discussed further in a later section.

Both sample 1 & 2 indicated experiencing blackouts at least monthly at identical rates of 10.9%. This appears somewhat inconsistent with the above noted differences in that blackouts tend to be a function of physical effects of alcohol whereas the above are more behavioral in nature. This becomes another reason to question any true variance in the results between samples 1 & 2 with regards to habits of personal consumption (i.e. quantity).

One last finding in this area of items suggestive of a drinking problem was the increase in reported incidents of drinking with guilt from 7.8% in sample 1 to 8.3% for sample 2. While a 1/2% increase is insignificant and an argument could be made that the response rate for sample 1 is equal to that of sample 2, it may suggest that an increased awareness of behaviors suggestive of abusive drinking exists.

Considering this block of questions, the campus community appears to be at a greater level of awareness about alcohol and its status as a potentially harmful drug. However, it is questionable as to whether there has been an increased use of this information regarding personal decisions and choices about this drug.

With regards to drugs other than alcohol, tobacco and

marijuana were the only other listed substances to which respondents indicated any recognizable use. To this end, marijuana use dropped from 20.9% in sample 1 to 17.7% a year later for sample 2. This finding is consistent with the unrecorded reports by students referred for substance abuse evaluations as to their drug of choice and current drug use profile.

When asked to indicate their reasons for using alcohol, respondents to each survey ranked enjoyable taste, relaxing properties, and desire to feel comfortable as the top three reasons for consumption. The variance between samples 1 & 2 in this area were so slight as to indicate identical reasons for preference.

With regards to the reasons that alcohol is not used, there were no clear preferences, although the percentage of respondents citing health reasons increased from 6.3% to 9.4%. This again suggests that an awareness of the potential effects of alcohol upon the body may be having an impact on the personal decisions of some students regarding alcohol.

BIOLOGICAL AND GENETIC MARKERS

Literature regarding alcohol and other drugs has consistently suggested that there may well be a significant population of individuals who are the biological child of one or more alcoholic or otherwise drug dependent parents. Additionally, it is suggested that this biological/genetic

relation to alcoholism may play a role in the child's subsequent development of the illness. When biological grandparents and aunts/uncles with alcoholism are considered, a sizeable portion of a university's population may be recognizable as at risk for problems with alcohol. The likelihood that such an individual may be at an increased risk of this illness due to heredity, is a point of interest for this program.

While a sizeable number of respondents in sample 1 indicated they recognized an alcohol problem in one or the other of their parents (12% of fathers, 1% mothers), there was a noticeable increase reflected in sample 2 (16.5% fathers, 3.7% mothers). Likewise, similar increases were recorded for grandfathers (14.6% to 16.9%), grandmothers (4.2% to 6.0%), uncles (20.8% to 24%), and aunts (7.3% to 8.2%). It should be noted that there was no way of determining whether the uncles and aunts were biological or by marriage and this may have had a bearing on the recorded numbers.

PERSONAL PROBLEMS

Items on the survey asked each subject to indicate whether or not they currently have a problem with alcohol or other drugs. If not, the survey asked if they believed they were at a low/medium/high risk of developing such a problem. Of those responding in sample 1, 5.2% indicated that they either had or were unsure if they had a problem with alcohol, and 2.6% with drugs other than alcohol. There was a slight decrease in responses to these items in sample 2, 4.5% with alcohol and 1.6%

with drugs other than alcohol.

A more interesting response was to the item asking personal opinion regarding the future development of such problems. 6.8% of the respondents in sample 1 thought they would develop a problem with alcohol, but 9% of respondents in sample 2 believed they would develop an alcohol problem. The responses to this item for drugs other than alcohol were negligible.

While there was a slight decrease in subjects who identified themselves as having a problem with alcohol between samples 1 and 2, there was a 75% increase for sample 2 subjects who believed they were at a high risk of developing a problem with alcohol.

PERCEPTIONS OF MODERATE DRINKING

When asked about the likelihood that averaging 3 alcoholic drinks (10 oz. beer, 1 oz. distilled spirits, 4 oz. table wine) a day would result in negative consequences in several different areas of human behavior or health, the responses for all intents and purposes were identical. Virtually all respondents indicated that they were at a definite or probable risk of physical/health problems, of involvement in some form of accident, of being involved in trouble, of poor grades in school, or of birth defects.

DISCUSSION

The responses received suggest that several differences exist between the first and second samples:

First, sample 2 indicated a reduced number of alcohol related problems as evidenced by responses to questions regarding injury in past year, concern about personal drinking voiced by another in last year, inability to stop once started, willingness to drive after 3 drinks. This variance can possibly be explained by an increase in community awareness due to sources off campus as well as the Alcohol and Other Drug Program. As if to underscore this apparent increase in awareness, there was an increase in sample 2's response to drinking with guilt which may suggest a recognition of alcohol abuse by the individual drinker.

Second, these surveys stood to confirm the suspicion that alcohol is by far the drug of choice on this campus. Likewise, that nicotine and marijuana were the second and third drugs of choice, respectively, came as no surprise. Of importance, was the relative disinterest in cocaine and amphetamines considering La Salle's location in a major metropolitan area. This disinterest is most likely due to the conservative, white middle class make-up of La Salle's student body more than any specific aspect of the University's alcohol and other drug program.

Third the relative frequent recognition of alcohol abuse in

a respondent's family and the sizeable increase in such responses by subjects in sample 2, suggest both the need to address this aspect of alcohol problems as well as increase services for intervention and treatment. Perhaps the development of informational literature and peer education presentations regarding the Adult Children of Alcoholism Syndrome will facilitate both an awareness of the problems associated with having been raised in an alcoholic family and the treatment resources available to students on campus.

Fourth, perhaps most disturbing of these data is the apparent belief by respondents in sample 2 that they are more likely to develop a problem with alcohol. While this can be explained to a certain extent by an increased awareness of alcohol abuse and its symptoms, it is more likely that this suggests that increased awareness has not necessarily resulted in a change in intake patterns. Respondents to the second survey appear more likely to modify their drinking behavior (eg. not driving after drinking), but no more likely to limit or curtail their intake so as to reduce the risk of developing a problem with alcohol.

Fifth, regarding drugs other than alcohol, the apparent disinterest with drugs other than alcohol, nicotine, and marijuana is most likely spurious to the extent that the 'other' drugs are viewed as 'hard' drugs and therefore a desire for greater anonymity is attached to responding to questions

concerning such drugs. While the responses underestimate the use of such drugs at La Salle, it is likely that their use pales to insignificance when compared to alcohol, nicotine, and marijuana.

RECOMMENDATIONS FOR CONTINUED DEVELOPMENT

I. Alcohol and Other Drug Advisory Board

With the implementation of a viable alcohol and other drug program for the University, the need to address policy issues regarding this program and its area of responsibility have become commonplace. In order to do so in a timely and effective fashion, an Alcohol and Other Drug Advisory Board composed of students, professional staff, and faculty has been approved by the Student Affairs Committee for implementation during the Fall Semester, 1990. Such a board will be a standing subcommittee of the Student Affairs Committee.

It is recommended that this advisory committee be called together by the Vice President for Student Affairs as this individual is administratively responsible for the alcohol and drug program and possesses the authority to convene such a Committee.

It will be the responsibility of this committee to advise the Alcohol and Other Drug Program Coordinator in the area of program development and to assist with the establishment of priorities in this area. Additionally, the Advisory Board will assist in drafting alcohol and other drug policy statements for

consideration by appropriate University decision makers.

II. Alcohol and Other Drug Curriculum Development.

As the presence of alcohol and other drug specific policy and procedures develops, the University will benefit from the inclusion of academic courses which address this area in its curriculum. Providing academic insight as to the nature of alcohol and other drug issues will prepare students for active participation in community and professional programming. Such programming is intended to address the issues associated with alcohol and other drug abuse in our society as well as to prepare students to evaluate their personal choices regarding alcohol and other drug use.

III. Student assistance based program of addressing A & D violations on campus

With the development and implementation of specific programs to address alcohol and other drug related situations on campus, a Student Assistance Program (SAP) approach is recommended. A SAP model of programming addresses the issue of alcohol and other drugs related problems much the same as does an Employee Assistance Program (EAP) approach. In an EAP, the focus is maintained on job performance with the documented problems with such addressed in a pro-active as opposed to reactive, (i.e. strict disciplinary) fashion.

This pro-active handling of performance problems finds the identified student being offered the opportunity to address the issue(s) which has given rise to the identified offense. This obligates the student to make a choice between a traditional disciplinary response to the cited behavior/situation or a clinical opportunity to explore alterative sanctions (i.e. education, assessment of treatment needs, etc.).

Such an approach to addressing campus based alcohol and other drug program violations affords the opportunity to reduce the rate of recidivism while continuing with the alcohol and drug program's intended mission of education and treatment.

IV. University based Employee Assistance Program (EAP)

In light of the presence of an active alcohol and other drug abuse program on campus to address the issues of policy development, student assistance, and service delivery, it only stands to reason that a formal program designed for employee assistance be developed. In concert with the A & D program's existence, federal regulations regarding a 'drug free work-place' only add to the appropriateness of implementing policy and procedures for addressing alcohol and other drug issues which occur on campus.

An official and well developed EAP on campus in coexistence with the recommended SAP will insure a comprehensive and viable university based approach to the issues of alcohol and other drug abuse on campus.

APPENDIX A:

EVALUATIVE TOOLS

La Salle University Chemical Health Survey

For this survey, "One Drink" is defined as 10 oz. of beer, or a 4 oz. glass of table wine, or 1 oz. of liquor.

1. In a typical month of 30 days, on how many days do you have at least one drink containing alcohol? (write in): _____

2. How many drinks do you have on a typical day when you are drinking? (Check one answer)
❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10 ❑ 11 ❑ 12 ❑ 13 ❑ 14 ❑ 15 or more

3. Have you or someone else ever been injured as a result of your drinking? (1) ❑ No (2) ❑ Yes, but not in the last year (3) ❑ Yes, during the last year

4. Has a relative or friend or a doctor or other heath worker ever been concerned about your drinking or suggested you cut down or quit? (1) ❑ No (2) ❑ Yes, but not in the last year (3) ❑ Yes, during the last year

****

For Questions 5 - 13, please answer from among the following choices:

(1) never
(2) less than monthly
(3) monthly
(4) weekly
(5) twice weekly
(6) daily or almost daily

5. How often do you have <u>three</u> or more drinks on one occasion? ____

6. How often do you have <u>six</u> or more drinks on one occasion? ____

7. How often during the last year have you driven a motor vehicle shortly after having more than <u>three</u> drinks? ____

8. How often during the last year have you found it difficult to get the thought of alcohol out of your mind? ____

9. How often during the past year have you found that you were not able to stop drinking once you started? ____

10. How often during the last year have you been unable to remember what happened the night before because you had been drinking? ____

11. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? ____

Please continue the survey on the next page. ☛

25. If you do not currently use alcohol and other drugs, choose from the following list and rank the three most important reasons, which you believe are why you abstain from alcohol and drugs: (1 = most important, 2 = second most important, etc.)

_____ A. to protect my personal health

_____ B. financial (costs too much)

_____ C. time (too many other things to do)

_____ D. fear of becoming addicted or dependent

_____ E. don't like the effects on me, or afraid of the effects

_____ F. personal religious or moral beliefs

_____ G. current laws

_____ H. had bad experiences with using, and now avoid them altogether

_____ I. have seen bad effects in family members, and so I avoid alcohol and drugs myself

_____ J. my friends don't use alcohol or drugs

_____ K. my family doesn't use alcohol or drugs

_____ L. might hurt my grades or my education

_____ M. other reason: _____

26. Do you have any blood relatives who, in your opinion, now or in the past, have had a problem with alcohol or drugs? (Check to indicate YES for all blood relatives who have had a problem with alcohol or drugs): ❑ My father ❑ My mother ❑ A brother ❑ A sister ❑ A grandfather ❑ A grandmother ❑ An uncle ❑ An aunt

27. Do you smoke cigarettes (tobacco)? (1) ❑ No, never did (2) ❑ Used to, but I quit (3) ❑ Yes

If YES, how many do you smoke a day? (1) ❑ 10 or less (2) ❑ 1 pack (3) ❑ 2 packs (4) ❑ 3 packs or more

28. Do you presently use other tobacco products? (Check to indicate YES for all that apply): ❑ Smoke a pipe ❑ Chewing tobacco ❑ Snuff

29. Estimate how much you spend (in dollars) each month to buy: Alcohol: $ _____ Tobacco: $ _____ Other drugs: $ _____

30. In your opinion, are alcohol and drinking at La Salle: (1) ❑ a major problem (2) ❑ a minor problem (3) ❑ not a problem at all

In your opinion, are drugs at La Salle: (1) ❑ a major problem (2) ❑ a minor problem (3) ❑ not a problem at all

31. If you were to keep on drinking alcohol at your present rate, do you think that you will: (1) ❑ have severe problems (2) ❑ have some significant problems (3) ❑ have a few problems (4) ❑ have no problems

Please continue the survey on the next page. ☛

Please complete the following demographic information. Data will be used for tabulation of survey findings **only**.

37. SEX: (1) ❑ Female (2) ❑ Male

38. CURRENT LA SALLE STATUS: (1) ❑ Freshman (2) ❑ Sophomore (3) ❑ Junior (4) ❑ Senior (5) ❑ Nondegree student (6) ❑ Graduate student (7) ❑ Faculty/Administration (8) ❑ Staff

39. AGE (write in): _____ years

40. RACE: (1) ❑ Asian (2) ❑ Black (3) ❑ Hispanic (4) ❑ Indian (5) ❑ White (not Hispanic) (6) ❑ Other

41. MARITAL STATUS: (1) ❑ Single, never married (2) ❑ Married/Living together (3) ❑ Divorced (4) ❑ Widowed

42. CURRENTLY LIVING IN: (1) ❑ La Salle resident hall (2) ❑ Fraternity/sorority house (3) ❑ Rented apartment (4) ❑ Rented home (5) ❑ Own home

43. LIVING: (1) ❑ With parent(s) (2) ❑ With spouse/partner (3) ❑ With roommate(s) (4) ❑ Alone

44. ANNUAL FAMILY INCOME: (1) ❑ under $10,000 (2) ❑ $10,000-19,999 (3) ❑ $20,000-29,999 (4) ❑ $30,000-39,999 (5) ❑ $40,000-49,999 (6) ❑ $50,000-59,999 (7) ❑ $60,000-69,999 (8) ❑ $70,000-79,999 (9) ❑ $80,000 or more

45. (Students only) CURRENT CUMMULATIVE GRADE POINT AVERAGE (GPA) (1) ❑ 3.6-4.0 (2) ❑ 3.1-3.5 (3) ❑ 2.6-3.0 (4) ❑ 2.1-2.5 (5) ❑ 1.6-2.0 (6) ❑ 1.5 or less

46. (Students only). In what college are you currently enrolled? (1) ❑ Arts and Sciences (2) ❑ Education (3) ❑ Fine Arts (4) ❑ Management (5) ❑ Nursing (6) ❑ Evening Division (7) ❑ Non-degree

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!

Return your completed questionnaire in the envelope provided.

Do not put your name anywhere on this questionnaire.

LA SALLE UNIVERSITY ALCOHOL AND OTHER DRUG PROGRAM:
PROFESSIONAL STAFF AND FACULTY EVALUATION
FIPSE GRANT EFFECTIVENESS

For the following questions, please indicate by circling a 0 (totally ineffective/unsuccessful) through 5 (highly effective/successful) your rating of the program's effectiveness/success on a response continuum. Additionally, each question provides a space for editorial comments; please use this to provide <u>any</u> comment(s) germane to that question.

1. Program's ability to create a visible presence on campus

   1 2 3 4 5 comment(s) _____

_____

_____

2. Program's sensitivity to issues of campus importance

   1 2 3 4 5 comment(s) _____

_____

_____

3. Availability of program individuals and/or materials

   1 2 3 4 5 comment(s) _____

_____

_____

4. Program's delivery of accurate, useful and/or timely info.

   1 2 3 4 5 comment(s) _____

_____

_____

5. Program's ability to stimulate thought and awareness

   1 2 3 4 5 comment(s) _____

_____

6. Program's impact on the La Salle community

1 2 3 4 5 comment(s) _____

_____

_____

Name: _____

Position: _____

Department: _____

Permission to use your comments: YES ____ NO ____